Opinion / Column

Johnston Column: COVID response confounds SARS expert

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Part 1 of 2

As COVID-19 surges globally, a leading infectious disease specialist is confounded by the lack of pandemic mitigation measures in Ontario.

“I find it very distressing that we, as a society, aren’t willing to talk openly about COVID,” Dr. Dick Zoutman declared.

“The media are almost completely silent, and it’s really perplexing,” Zoutman said of the disappearance of COVID-19 from the headlines in the fourth year of the pandemic. “We are missing a huge opportunity to protect our loved ones, our children, our elderly, our vulnerable … by taking simple interventions.”

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Zoutman's work as an infectious disease specialist has taken him around the world. Not only has he served as a consultant to the World Health Organization (WHO), the Kingston resident also held the position of physician-director of the board of Infection Prevention and Control Canada (IPAC Canada) for 12 years.

These days, Zoutman is a Queen's University professor emeritus in the departments of pathology and molecular medicine (medical microbiology), of medicine (infectious diseases), public health sciences, and of biomedical and molecular sciences.

SARS

According to the WHO website, SARS was "the first severe and readily transmissible new disease to emerge in the 21st century and showed a clear capacity to spread along the routes

of international air travel." The WHO defines SARS as "a viral respiratory disease caused by a SARS-associated coronavirus." And the UN agency says that it is "an airborne virus and can spread through small droplets of saliva in a similar way to the cold and influenza."

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SARS was first detected in China in February 2003. And by late winter, the virus had spread to Ontario. "On March 14, 2003, the Ontario Ministry of Health and Long-Term Care alerted health-care providers about four cases of atypical pneumonia resulting in two deaths within a single family in Toronto," the ministry's website reads. "These cases provided an epidemiological link to severe acute respiratory syndrome (SARS) in Ontario."

The Progressive Conservative government of the day declared SARS a provincial emergency on March 26, 2003. "The government and health-care providers took steps to contain the spread of SARS, isolating those people who were exposed," the ministry website recalls.

According to IPAC Canada, 247 of the 251 probable SARS cases in Canada were located in Ontario. In total, there were 43 probable SARS deaths and one suspected death. "The case fatality rate in Canada was estimated at approximately 17.1 per cent of probable cases."

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Advisory committees

During the crisis, Zoutman led the Ontario SARS Scientific Advisory Committee that advised the province on the management of the public health emergency. In 2004, he was appointed co-chair of the Ontario Provincial Infectious Diseases Advisory Committee (PIDAC) and was tasked with developing comprehensive policies on infection prevention across all health-care sectors.

“Because of that experience, I really had a unique sort of involvement with development of all of the various prevention measures via the Ontario agency of Health Promotion and Protection of Public Health Ontario,” Zoutman told the Whig-Standard. However, 20 years later, the Ontario government has abandoned the lessons learned during the SARS crisis. “It seems to all have been for nothing,” he lamented.

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The distinguished academic continues to teach at the Healthcare Quality Program at Queen’s University. In the fall term, he will teach an online infection control course. “We have up to a thousand students in it now,” he said. “I started that course after SARS.”

Not the flu

What are SARS-CoV-2 and COVID-19?

“COVID-19 stands for coronavirus infectious disease — 2019,” Zoutman said of the designation that the WHO gave the disease. And he explained that it is caused by “severe acute respiratory syndrome, coronavirus-2.”

Many people believe that COVID-19 is comparable to the common cold or flu. What do you want to say to those folks?

COVID-19 is “most definitely” not like the common cold, Zoutman said. While acknowledging that the flu is a severe infection (with a mortality rate of around 0.1 per cent), he said that COVID is “much more infectious” and “more severe.”

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Before vaccines were available, the mortality rate for COVID-19 was “close to 10 per cent,” Zoutman recalled. “It was up to 20 per cent in the elderly. With the vaccine, we’ve reduced the mortality down into the single digits, except for those who are most vulnerable, who have heart conditions, lung conditions or immune compromised,” he continued. For those vulnerable groups, mortality rates vary from five to seven per cent.

Although the mortality rate for COVID-19 has declined thanks to mass vaccinations, the infectious disease specialist stated that long COVID threatens the health of the general population.

“We don’t understand all the implications of long COVID,” he said of the lingering symptoms that may develop after the acute phase of the illness. “Basically, this virus gets into your body and it doesn’t leave. …And it invades the lining of the blood vessels and every organ of your body,” he explained.

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“Long COVID syndrome occurs in at least 10 per cent of every infectious episode and may be as much as 30 per cent. Stop and think about that: if you get COVID twice a year, that’s a 20-60 per cent chance that you’re going to get long COVID. And the next year, it’s now 40-120 per cent. Almost certainly … you’re guaranteed statistically to acquire some form of long COVID.”

Fall surge

Are you concerned that Ontario and the rest of Canada will see a steep rise in cases when students return to school in September?

“We’re already seeing it,” Zoutman responded. Citing the data modelling of Dr. Tara Moriarity, he noted that there were approximately 330,000 cases of COVID-19 per week in Canada last month. “We’re now at 750,000 cases per week, so it’s doubled in the last month. We are seeing a rapid, steep increase already. And there’s every reason, based on everything we’ve experienced last year, that when the kids get back to school, it’s going to happen all over again. This is preventable. And it’s going to cause harm.”

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Can Ontario's already strained hospitals handle significant increases in the number of COVID-19 cases?

"No," Zoutman replied. "With COVID will come the other viruses, the so-called triple-demic of influenza and RSV and other viruses. … We are now closing emergency departments for lack of staff. In my 40 years in the system, I have never seen that. I've been the chief of staff of two major hospitals in Ontario, and the idea of closing an emergency department when I was chief of staff of a hospital just never crossed your mind. … Now it's routine. And I think we're in for serious difficulty."

Ontario hospitals no longer have mask mandates. What is the impact of that change?

"With the lack of masks in hospitals, we risk the transmission of this virus from health-care workers to patients, between health-care workers, who then can get long COVID symptoms," he replied. Affected health-care workers might no longer be able to work. Moreover, other health-care workers might develop "neurocognitive problems," which Zoutman said is "not very reassuring."

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"I think it's a risk that we really shouldn't take," he said of the abandonment of masking in hospitals.

How to stay safe

What is your advice for people who want to stay safe this fall?

“One is to be informed. I do recommend Dr. Tara Moriarty’s website — COVID19resources.ca,” Zoutman said. “We owe her a large debt.”

Second, when the latest COVID-19 vaccine is available, “get it,” he recommended.

Third, “buy N95 respirators and make sure you have plenty and have one with you all the time. And when you go into an indoor public space — be it a hospital, a bank, a grocery store, school — put it on. The best ones are the ones that go around your head, because they’re tighter.”

Fourth, antigen rapid tests must be made widely available. “If you have any symptoms, you need to test and isolate yourself.”

Finally, avoid indoor public places this fall, he said. “I haven’t eaten in a restaurant in almost four years, and I don’t intend to.”

Part 2 will be published next week.

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